



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No. : 10/668,831 Confirmation No.: 4987  
Applicant : Michael JOHNSON, et al.  
Filed : September 22, 2003  
Title : METHOD FOR MANUFACTURING MEDICAL DEVICE HAVING  
EMBEDDED TRACES AND FORMED ELECTRODES  
TC/A.U. : 3729  
Examiner : Minh N. Trinh  
Docket No. : 82410.0068/0B-045200US  
Customer No. : 29693

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

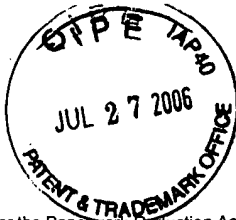
Dear Sir:

**INFORMATION DISCLOSURE STATEMENT**

Applicant submits a copy of the references listed on the attached Form PTO/SB/08 for consideration and request that the U.S. Patent and Trademark Office make them of record in this application.

Applicants state the following:

This Information Disclosure Statement is being submitted after the mailing of a non-final Office Action, but is believed to be prior to a final Office Action or a Notice of Allowance. Pursuant to 37 C.F.R. § 1.97(c), payment in the amount of \$180.00 as set forth in 37 C.F.R. § 1.17(p) is enclosed. The Commissioner is hereby authorized to



PTO/SB/17 (12-04v2)  
Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>		
		Application Number	10/668,831	
		Filing Date	September 22, 2003	
		First Named Inventor	Michael JOHNSON, et al.	
		Examiner Name	Minh N. Trinh	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	3729		
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b>	<b>180.00</b>	Attorney Docket No.	82410-0068/0B-045200US

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <b>50-1129</b> Deposit Account Name: <b>WILEY REIN &amp; FIELDING LLP</b>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>	
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
						<b>Small Entity</b>	
						<b>Fee (\$)</b>	<b>Fee (\$)</b>
<b>Fee Description</b>							
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
<b>Total Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		
_____ - 20 = _____		x _____	= _____		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	
<b>Indep. Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
_____ - 3 = _____		x _____	= _____				
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
_____ - 100 = _____	/50	_____ (round up to a whole number) x _____		= _____			
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): <b>Submission of Information Disclosure Statement</b>						<b>\$180.00</b>	

<b>SUBMITTED BY</b>			
Signature	<i>Floyd B Chapman</i>	Registration No. (Attorney/Agent)	40,555
Name (Print/Type)	Floyd B. Chapman	Telephone	(202) 719-7308
		Date	July 27, 2006

08/01/2006 MKAYPAGH 00000136 501129 10668831

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charge any deficiency in the fees or charge any fee required to keep this application pending to our Deposit Account No. 50-1129.

While the information and references disclosed in this Information Disclosure Statement are submitted pursuant to 37 C.F.R. § 1.56, this submission is not intended to constitute an admission that any patent, publication or other information referred to is "prior art" to this invention. Applicants reserve the right to contest the "prior art" status of any information submitted or asserted against the application.

In accordance with 37 C.F.R. § 1.97(g), the filing of this Information Disclosure Statement shall not be construed to mean that a search has been made or that no other material information as defined in 37 C.F.R. § 1.56(a) exists. This Information Disclosure Statement is in compliance with 37 C.F.R. § 1.98 and the Examiner is respectfully requested to consider the listed documents and information.

Respectfully submitted,  
**WILEY REIN & FIELDING LLP**

Date: July 27, 2006

By:   
Floyd B. Chapman  
Registration No. 40,555

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PTO/SB/08a/b (07-05)  
Approved for use through 07/31/2006. OMB 0651-0031  
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<b>Substitute for form 1449A/B/PTO</b>  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (Use as many sheets as necessary)				<b>Complete if Known</b>	
				Application Number	10/668,831
				Filing Date	September 22, 2003
				First Named Inventor	Michael JOHNSON, et al.
				Art Unit	3729
				Examiner Name	Minh N. Trinh
Sheet	1	of	1	Attorney Docket Number	82410.0068/OB-045200US

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code <sup>2</sup> (if known)			
	AA	US-5,052,407	10-01-1991	Hauser, et al.	
	AB	US-5,417,208	05-23-1995	Winkler	
	AC	US-5,824,026	10-20-1998	Diaz	
	AD	US-6,360,128	03-19-2002	Kordis, et al.	

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known)				

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

Examiner Signature		Date Considered	
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